

## Attachment 2 - Letter of Interest (Pretrial Risk Assessment Pilot Site)

Sign this letter and return either a hard copy or scanned copy via email to:

William Scollon, Director  
Tennessee Office of Criminal Justice Programs  
312 Rosa L. Parks Ave, Suite 1800  
Nashville TN, 37243-1102  
Email: [Criminaljustice.program@tn.gov](mailto:Criminaljustice.program@tn.gov)

In my capacity as either the Chief General Sessions Judge, District Attorney General, Chief Public Defender/Leadership from the Private Defense Bar, or Sheriff, I am expressing my community's interest in being considered by the Tennessee Office of Criminal Justice Programs (OCJP) as a pilot site for the implementation and validation of a Pretrial Risk Assessment Instrument.

My community understands that if we are selected for an onsite review, we will be required to accommodate staff from Office of Criminal Justice Programs and Community Resources for Justice (CJI) as they assess my community's readiness to serve as a grantee pilot site. My community will be prepared to make available any requested documentation, personnel or other information at the time of an onsite review to support each of the following:

- Review of documents and data
- System assessment
- Interviews with local stakeholders
- System mapping
- Meetings with a local site coordinator and/or local policy teams

I understand that stakeholder collaboration and community support are essential components for the successful implementation of this project. My community is prepared to commit to regular, transparent and ongoing engagement with stakeholders throughout the life of this project should we be selected for a grant award.

This letter must be signed by at least one of the following community representatives. It can be signed by multiple representatives, and additional letters of support will be accepted, but one signature must be included in order to be eligible to consideration.

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**Applicant Agency Name (Printed)**

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**Signature - Chief General Sessions Judge**

**Date**

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**Signature - District Attorney General**

**Date**

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**Signature - Chief Public Defender/Defense Bar Representative**

**Date**

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**Signature - Sheriff**

**Date**